U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215
Expires 11 - 2506

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

For	Offices Rea Blay
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

11100	2. Fiscal Year Covered From
File Number U - 1/073	
	1/1/04 Through: 12/31/04
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT SEEGER	Name MILLWRIGHT LOCAL 740
·	Labor Organization File Number 0/0633
P O. Box, Bldg., Room No , if any	P.O. Box, Building and Room Number, if any
Street 89-07 ATLANTIC AVE	Street 89-07 ATLANTIC AVE
City WOOD HAVEN	CITY WOODHAVEN
State NEW YORK ZIP COOE + 4 11421	State NEW YORK ZIP Code + 4 1142
. Held an interest in, engaged in transactions (including loans) with, or ionetary value from an employer whose employees your organizations and address of Employer (including trade name, if any).	7,a. Nature of Interest, Transaction, or Income.
	clusions set forth in the instructions)
same ATLANTIC PLANT MAINTENANCE INC	BUSINESS LUNCH
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 19 COOLIDGE HILL ROAD	
CITY WATERTOWN	\$50 00
State MA 55. ZIP Code + 4 02 472	
Sig	gnature
15. Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	nying documents), has been examinet by the signatory and is, to the best of w
signed Pole & Seener	on 81205 718-849-3634